

**N. B.**—In case more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children born, stated. This certificate must be filed by the attending Physician or Midwife with the Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

**CERTIFICATE OF BIRTH.**

S. ~~46~~ ~~22~~ ✓  
 Ser. Index No. 423

PLACE OF BIRTH  
County of Essex  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Essex

Register No. 13  
St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD

If child is not named, make Supplemental report on blank obtainable from local registrar.

Born	Yes
Alive	<del>No</del>

Sex of Child	m	Twin, Triplet or other	and	Number in order of birth	2	Legitimate?	yes	Date of Birth	June 29 1909	
								(Month)	(Day)	(Year)

Full Name **FATHER** John Kelly  
Residence Lybster

Full Maiden Name **MOTHER** Mary Gaydon Kelly  
Residence Globe

Color or Race white Age at last Birthday 3 (Years)

Color or Race White Age at last Birthday 33  
(Years)

Birthplace Ireland

Birthplace Ireland

Occupation Student

Occupation: Housewife

Number of child of this mother.....2 Number of children, of this mother, now living.....2 Were precautions taken against Ophthalmia neonatorum?.....yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on June 29, 1909, at 5:20 AM

\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature)

(Attending physician, midwife, householder.)

Given or christian name added from a  
supplemental report ..... 19 .....

Filed Jul 20 19 00

Address 1101 E. 1st St.

Filed July 1 1900

B. G. Lox M.D. LOCAL RE  
COUNTY RE

COUNTY REGISTRAR.

COUNTY REGISTRAR.